"None" in columns. "	only when acce Unit Price" and	essorial sen i "Charge" d	rices are cholumns ma	nargeable to the Go by be omitted when	charges are itemiz	will enter complete inforced on the Standard For	m 1113.	Form Appro OMB No. 0: Expires Oct	704-0022 1. 31, 2001
The public reporting burden the data needed, and comple burden, to Department of Di- Respondents should be awar control number.	for this collection of ting and reviewing efense, Washington re that notwithstand	information is the collection on Headquarters fing any other p	estimated to a f information, 8 Services, Dir rovision of law	verage 5 minutes per res Send comments regardio ectorate for Information , no person shall be subj	nonce including the time	for reviewing instructions, sear any other aspect of this collection (0704-0022), 1215 Jefferson D to comply with a collection of	thing outsing d	ata sources, gather including suggesti Suite 1204. Arlingto does not display a	ing and maintaining ons for reducing the on, VA 22202-4303 currently valid OM
PLEASE DO NOT RETU 1. GOVERNMENT BILL OF L			BOVE ADDI		T			11	
				28/06	16. ACCESSORIAL SERVICES			T PRICE	_
3.a. NAME OF OWNER (Last	3.a. NAME OF OWNER (Last, First, Middle Initial)					PACKING, PACK MATERIALS AND UNPACKING NUM			CHARGE (4)
landeraceves	Lavigue	1			a. DISH PACK			1	
b. SSN	c. RANK OF	GRADE		b. CARTONS (Less to	han 3 cubic feet)			+	
216-25-1013 2000					c. CARTONS (3 cubit		<b>.</b>		
4. ORIGIN OF SHIPMENT					d. CARTONS (4-1/2 cubic feet)				
Dayton, OH				, MEI	e. CARTONS (8 cubic	c feet)			
6.a. ORDERING ACTIVITY/IN NAME	STALLATION	b. LOCATION			f. CARTONS (8-1/2 c	cubic feet)			
LIDATED					g. WARDROBE (Not	less than 10 cubic feet)			
WPAFB 7.a. NAME OF CARRIER		b. NAME OF AGENT (Last, First, Middle Initial)			h. MATTRESS, CRIB				
7.a. NAME OF CARRIER	_	b. NAME OF	AGENT (Las	t, First, Middle Initial)	I. MATTRESS (Not e	xceeding 39" x 75")			
B. SIGNATURE OF CARRIER	I DEDDECEMAN	John prous myses but			j. MATTRESS (Not e	xceeding 54" x 75")			
a. SIGNATURE OF CARRIER	SHEPHESENIA	9. DATE			k. MATTRESS (39" x 80")				
Z Z Z Z Z		18-11-6		7.20 N	L MATTRESS (Exceeding 54" x 75")				Ava Cal
10. CARRIER'S SHIPMENT F	REFERENCE NO.	Aprel 1	11 AGENT	OR DRIVER CODE	m. TOTAL				
AND DESCRIPTION OF THE PARTY OF					n. TOTAL SUBJECT	()			
12. PROFESSIONAL BOOKS				LBS.	o. GRANDFATHER CLOCK CARTONS				
INCLUDED IN SHIPMENT	(If not included, w	rite "None".)	SP&E)		p. CORRUGATED CONTAINERS (Special constr.				
13. STORAGE-IN-TRANSIT (SIT)					q. BOXES - WOODEN/CRATES (Not over 5 cu.ft.)				-
a. STORED AT (1) CITY	(2) STATE	b. SIT SERV	ICES PROVID	DED AT (X one)	r. BOXES (Over 5 cu.ft./not over 8 cu.ft.) s. BOXES (Over 8 cu.ft.) (Gross cu.ft.:				-
DATES (YYYYMMDD):	ATES (YYYYMMOD):		DESTIN	g. NET WEIGHT	t. CRATES (Cubic feet: )		)	1	
c. IN d. ORDERED OUT   e. DELIVERED OUT   OF DA				g men menum	(Minimum charge:		)		
h. REQUESTED DELIVERY	i. SHIPMENT C	ADDEDED INTO	AND OUT O		u. CARTONS, DOUBLE WALL (PPP-B-1364) & TRIPLE WALL (PPP-B-640) (Not over 4 cu.ft.)				
DATE (YYYYMMDD)	INDICATED	AND AUTHORI	ZED BY SIT C	ONTROL NO.	v. CARTONS (Over 4 cu.ft./less than 7 cu.ft.) w. CARTONS (7 cu.ft./less than 15 cu.ft.)				
j. WAS STORAGE POINT FO	R CARRIER'S CO	NVENIENCE (	X one)	YES NO	The second secon		1 0 10		
14. REWEIGH CERTIFICATION (If applicable)		a. NUMBER			x. TOTAL PACKING CHARGE		-		
b. ORIGINAL GROSS		c. REWEIGH GROSS			y. LABOR (Describe service in "Remarks") (Enter number of man-hours)				
d. ORIGINAL TARE		e. REWEIG			z. (X as applicable) EXTRA DELIVERY		-		-
f. ORIGINAL NET	g. REWEIGH NET			EXTRA PICKUP AUXILIARY SERVICES					
15. APPLIANCES SERVICED	7				as. PIANO/ORGAN CARRY SERVICE				-
TYPE	MAKE/MOD	DEL NOJMANUFACTURER		OWNER/AGENT INITIALS		EXCESS DISTANCE CHARG		1 11	110 11
a.		b.		C.		ANCES/OTHER ARTICLES	-	1.16	70.19
					(As itemized and initialed in Item 15)			1	
					dd. OTHER (Describe is			1	
					ee. TOTAL ACCESSO	RIAL SERVICE CHARGES		)	40.14
17. REMARKS  No. of Feet - Van to Resid  No. of Outside Steps  No. of Inside Flights (Apartment Bidgs. only)	lence 125	Shi	pper Initial	Piano or o		Shipper Initia			
18. STATEMENT OF OWNER	MILITARY INCOM	CTOR/TRANS	PORTATION	PERCED					
a. MATERIALS WERE FURNI					TURE (Do not sign until (	Carrier has completed column 1	V911	c. DATE SIGNED	
AT ORIGIN AT DESTINATION	OTHER (Explain)						14//	(YYYYMMDD)	1
19. TRANSPORTATION OFFI	CER CERTIFICATI	ON. I CERTIFY	THAT SHIPM	ENT SERVICES WERE	ACCOMPLISHED AS SH	IOWN RELOW.		V	
a. SERVICES ACCOMPLISHE	D (X as applicable	)		CERTIFICATION	(6) WAITING TIME		(9) OTHER	(Specify)	
(1) ACCESSORIAL SERV		m 16)	(4) THIRD PA	RTY SERVICES	(7) UNPACKING SER				
(2) STORAGE-IN-TRANS			(5) BULKY A	RTICLE CHARGE		NG/UNLOADING CHARGE		Market Control	
b. SIGNATURE OF TRANSPORTATION OFFICER C. TITLE				(Print or type)			d. DATE SIGNED (YYYYMMOD)		
								(	
DD FORM 619, OC	T. 1998 (F	3)		PREVIOUS EDI	TION IS OBSOLE	TE .			

PREVIOUS EDITION IS OBSOLETE.

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178-FS-C4 2163 (Rev. 2/00)

STATEMENT OF ACCESSORIAL SERVICES PERFORMED

This form is required only when accessorial services are chargeable to the Government. Carrier will enter complete information or "None" in columns. "Unit Price" and "Charge" columns may be omitted when charges are itemized on the Standard Form 1113.

Form Approved OMB No. 0704-0022 Expires Oct. 31, 2001

Trovier in columns. Unit Price and Charge Columns may be omitted when charges are itemized on the Standard Form 1113. Expires Oct. 31, 2001
The public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the collection of information. Send comments regarding the burden estimated or stay other aspect of this collection of information, including suppessions for reducing the burden in the properties of the collection of information. Including suppessions for reducing the burden in the properties of the collection of information including suppessions for reducing the burden estimated or stay other aspect of this collection of information in the collection of informati

1. GOVERNMENT BILL O	PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ADDRESS.  GOVERNMENT BILL OF LADING NUMBER 2. DATE OF PICKUP AT ORIGIN						16. ACCESSORIAL SERVICES					
	(үүүммөө) 20-Маг-06								1	_		
3.a. NAME OF OWNER (L	ast, First, Mic	idle Initial)					PACKING, PACK M	(1)	G NUMBER (2)	UNIT PRICE (3)	CHARGE (4)	
b. SSN			c. RANK OR GRADE				a. DISH PACK		5	23.40	212.40	
Annual Laboratory	-	100	C. HARK ON GRADE				b. CARTONS (Less to	han 3 cubic feet)	6	5.65	61.02	
4. ORIGIN OF SHIPMENT			5. DESTINATION OF SHIPMENT				c. CARTONS (3 cubic	c feet)	6	8.55	92.34	
Sunman,	I	N	New Orleans, LA			A	d. CARTONS (4-1/2 d	cubic feet)	13	10,100	248.0	
	a. ORDERING ACTIVITY/INSTALLATION b. LOCATION				ms, LA		e. CARTONS (8 cubic	17	13.70	24.66		
NAME			D. LOURING				f. CARTONS (8-1/2 d	-	-			
Wright-Patterson AFB			Do	uton	OI		g. WARDROBE (Nor	less than 10 cubic feet)	1	10.80	19:44	
			Dayton, OH  b. NAME OF AGENT (Last, First, Middle Initial)				h. MATTRESS, CRIB		-	-		
	B. NA				st, First, Middle	Initial)	L MATTRESS (Not a	-	-	-		
8. SIGNATURE OF CARRI	FR'S REPO	District of the last	9		9. DATE (YYYYMMDD)		j. MATTRESS (Not exceeding 54° x 75°) k. MATTRESS (39° x 80°) L. MATTRESS (Exceeding 54° x 75°)		-	-	-	
		och i A ii							-	-	-	
									-	_		
10. CARRIER'S SHIPMEN	TOFFFDEN	DE NO		** *****	OR DRIVER CODE		m. TOTAL			1,579		
	THE ENLY	DE NO.		11. AGENT	OH DHIVER CO	DOE	n. TOTAL SUBJECT	MAX-PAK \$ /7.60	0 808		7300 0	
TOLEMAN	N-BUILD						o. GRANDFATHER C	1301	-	100.0		
12. PROFESSIONAL BOO INCLUDED IN SHIPME	KS, PAPERS	AND EQU	JIPMENT (PE	BP&E)	LBS.		p. CORRUGATED CO	1	20,55	3/2 9		
		record, mile	e riuse.j				q. BOXES - WOODEN	-	KU133	34.7		
13. STORAGE-IN-TRANSI a. STORED AT (1) CITY		STATE					r. BOXES (Over 5 cu.		-	-		
aronalizati (i) cii i	(2)	SIAIE			DED AT (X one)	1	s. BOXES (Over 8 cu.	,	-	+-		
DATES (YYYYMMDD):			ORIGIN	f. NUMBER		OTHER	L CRATES (Cubic feet:		, -		-	
	ERED OUT	e. DELIV	ERED OUT	g. NET WE	EIGHT	(Minimum charge:		1 -	-	-		
		1	Sellin Sanata				u. CARTONS, DOUBLE WALL (PPP-B-1364) &					
h. REQUESTED DELIVERY DATE (YYYYMMDD)		MENT OR	DERED INTO	AND OUT O	F SIT ON DATE	S	TRIPLE WALL (PP	P-B-540) (Not over 4 cu.ft.)	_	-	_	
					ONTROL NO.		v. CARTONS (Over 4)		_	-	_	
J. WAS STORAGE POINT I	FOR CARRIE	R'S CONV	ENIENCE (	X one)	YES	NO	w. CARTONS (7 cu.ft.)		-	-	-	
14. REWEIGH CERTIFICAT	TION (If appli	cable)	a. NUMBER	3			x. TOTAL PACKING O	CHARGE 0 180			694.8	
b. ORIGINAL GROSS			c. REWEIG	H GROSS			y. LABOR (Describe service in "Remarks")					
d. ORIGINAL TARE			e. REWEIG	H TARE			(Enter number of man-hours)		-	_		
f. ORIGINAL NET	4-1-1		g. REWEIG	HNET			z. (X as applicable) EXTRA DELIVERY				1	
15. APPLIANCES SERVICE	ED (Owner/A	pent must i	nitial each en	try separately.	)		EXTRA PICKUP	AUXILIARY SERVICES	_		_	
TYPE			NOJMANUF		OWNER/AGENT INITIALS C.		as. PIANO/ORGAN CA	RRY SERVICE			_	
B	1000	TOX SEE	b.	no romen			bb. ELEVATOR/STAIR/EXCESS DISTANCE CHARG cc. SERVICING APPLIANCES/OTHER ARTICLES (As itemized and initialed in Item 15)		110#	21.62	38.92	
				Harry F					110.11	91.69	00-10	
					100		dd. OTHER (Describe in	*Pomerium		-		
	-									-	_	
17. REMARKS	-	_					ee. TOTAL ACCESSOR	HAL SERVICE CHARGES	((1)	21.62	38-92	
No. of Feet - Van to Res No. of Outside Steps No. of Inside Flights (Apartment Bidgs. only)		1101		Pitial	P B		sed (yes/no) organ & Size	Shipper Initi	U			
18. STATEMENT OF OWNE	R, MILITARY	INSPECT	OR/TRANS	ORTATION	FFICEP							
MATERIALS WERE FURI	NISHED/ACC	ESSORIA	L SERVICES	WERE PERF	ORMED (	Addays	TURE /Do not sign until C	arrier has completed column				
AT ORIGIN AT DESTINATION	OTHER (						The sign than Co	amer has completed column		PATE SIGNED	1	
9. TRANSPORTATION OF	FICER CEPT	IFICATION	LCEPTIO	****		4	AW VILLE	AND THE REAL PROPERTY.		06/03	20	
SERVICES ACCOMPLISH	IED (X as as	olicable)	LICERTIFY	THAT SHIPM	ENT SERVICES	S WERE		OWN BELOW.				
(1) ACCESSORIAL SER	RVICES (List	ed in Item 1			CERTIFICATION SERVICES		(6) WAITING TIME	CANDONIOCO WICHARD	(9) OTHER (	Specify)		
(2) STORAGE-IN-TRAN	ISIT				TICLE CHARG		(7) UNPACKING SERV	ICE (Baggage only)				
SIGNATURE OF TRANSP	PORTATION	OFFICER					Print or type)	G/UNLOADING CHARGE				
Diag	eo no	to th	at the	form				oty boxes be	annotat	DATE SIGNED		
				IOI III I	iiiuicati	ະວ ແ	iat ally ellip	ny nokes be	aimotat	ea with		
D FORM 619, O	CT. 199	8 (EG)	V.		PREVIOU	e EDIT	TON IS OBSOLET	_				

the word "NONE". We prefer this, however we will accept a line of the line of

178-FS-C4 2163 (Rev. 2/00)